SCHEDULE B (FEC Form 3X)

SCILEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		
TEMIZED DISBURSEMENTS		21b 27	22 X 23 28a 28b	24 25 26 28c 29 30k
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) American Pharmacists Association Politica	<u> </u>			ii saan sammace
Full Name (Last, First, Middle Initial) Friends of Hillary Mailing Address 420 Lexington Avenue, Suite 350			Transaction ID: D2027 Date of Disbursement 1 1 1	
	State Zip Code NY 10170		Amount of Each	Disbursement this Period
Purpose of Disbursement Contr.	10170	•		1000.00
Candidate Name Hillary Rodham Clinton		Category/ Type		
Office Sought: House Disburse X Senate President State: NY District:	ment For: 2006 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) Friends of Lois Capps			Transaction ID: Date of Disburse	
Mailing Address PO Box 23940			111 / 0	1 2006
City Santa Barbara	State Zip Code CA 93121		Amount of Each	Disbursement this Period
Purpose of Disbursement Contr. Candidate Name		O a ta sa su d		1000.00
Lois Capps		Category/ Type		
Office Sought: X House Disburse Senate President State: CA District: 23	ment For: 2006 Primary X General Other (specify)			
Full Name (Last, First, Middle Initial) Friends of Roy Blunt			Transaction ID: Date of Disburse	ment
Mailing Address PO Box 50100			111 0	1 2006
Springfield	State Zip Code MO 65805		Amount of Each	Disbursement this Period
Purpose of Disbursement Contr. Candidate Name Category/		Category/		1000.00
Roy Blunt	ment For: 2006	Type		
Senate President State: MO District: 07	Primary X General Other (specify) ▼			
SUBTOTAL of Disbursements This Page (optional)		<u>►</u>		3000.00
TOTAL This Period (last page this line number only)				